



SNOQUALMIE VALLEY

SCHOOL DISTRICT

ASB TRANSFER VOUCHER

School: _____

Date: _____

Transfer From Club/Activity	Description	From Amount	Transfer To Club/Activity	Description	To Amount

- “Transfer FROM” total must equal “Transfer TO” total
- ASB Student Council Approval Required

Authorized Signatures

ASB Bookkeeper _____

ASB Prime Advisor _____

ASB Student Advisor _____

BATCH # _____ POSTED BY: _____ DATE: _____